

Declaration for Nomination and Oath of Candidacy

For Office Use C	Only
Date Filed:	
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	,	Document #: Received By:	
SECTION 1: CANDIDATE INFORMATION	, L	1	
Candidate First Name:	Candidate Last Nam	e: 1000d	
Filing for Office of: Full name of office including district and	ommittee volument number	ooms, if applicable	
Independent Minor Party:	Republican Party	Green Party	Nonpartisan
Name of Mi	nor Party		
Mailing Address A Sumbrun Rd Red Residential Address County of Residence Phone	City Colleen	State State State	Zip Code Square Com Website
SECTION 2: BALLOT INFORMATION	011	140	
Candidate Name (printed exactly as it should appear on the	pallot):	en Moo	01
Contact me about my name pronunciation (if not checked SECTION 3: AFFIRMATIONS I affirm I am a registered voter in the State of IM. Federal candidates or individuals under the age of the State Legislature (select one): I affirm I am either a resident of the county in which the legislative district if it contains all or parts of the office of the Secretary of State in writing which the office of the Secretary of State in writing which the office of the Secretary (select one): I affirm I have included the applicable nonrefundation on the ballot through the Petition process without the secretary of the secretar	Iontana or will be by the of 18 at the candidate which I am a candidate, of more than one county in (a) above for 6 monen I qualify or if I do not the for the office for which this formula for the office for which	e candidate filing dea filing deadline who w if it contains one or m OR ths preceding the gen t qualify.	dline. (Does not apply to vill turn 18 by the election) nore legislative districts, or of the election and will notify
Section 4: OATH OF CANDIDACY (Candidate must sign in the I			
I hereby affirm I possess, or will possess within constitutional and laws of the United States and the State of Montana.	and statutory deadline:	s, the qualifications p	S/11/2024
Signature of Candidate		1.00	Date
S CTO	State of Montana County of Signed and sworn before By O Len County of Candidate Name of Candidate County o	Carbon re me this 11 day of	March , 20 24
		Signature of Notary or	Public Official

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to: Montana Secretary of State \cdot PO Box 202801 \cdot Helena, Montana 59620-2801 or

Submit the completed form and applicable fees for County, City, and most Local District Offices to: